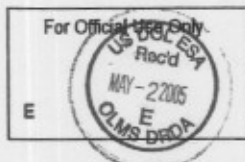


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2637</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>FRANK</u> <u>J</u> <u>LAQUIDORA</u> P.O. Box, Bldg., Room No., if any _____ Street <u>82-15 Myrtle Ave</u> City <u>Glendok</u> State <u>NY</u> ZIP Code + 4 <u>11385 7644</u>	4. Name, file number, and address of labor organization. Name <u>IBT Local 804</u> Labor Organization File Number <u>031-841</u> P.O. Box, Building and Room Number, if any _____ Street <u>34-21 Review Ave</u> City <u>Long Island City</u> State <u>N.Y.</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>United Parcel Service</u> Trade Name, if any: <u>UPS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>55 Glenlake Parkway</u> City <u>Atlanta</u> State <u>GA</u> ZIP Code + 4 <u>30328</u>	7. a. Nature of Interest, Transaction, or Income. <u>United Parcel Service CLA Restricted Employee Stock Purchase Plan / Thrift Plan Window of Opportunity Program 1996 2/12/96 IRA</u> 7. b. Amount. <u>416 Shares</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>4/26/05</u> <u>(718) 786 5700</u> Date Telephone Number

Name of Person Filing FRANK LAQUIDORA

File Number U- 2037

Trade Name, if any: NONE

P.O. Box, Bldg., Room No., if any NONE

Street NONE

City NONE

State NONE

ZIP Code + 4 NONE

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

NONE

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NONE

Trade Name, if any: NONE

P.O. Box, Bldg., Room No., if any NONE

Street NONE

City NONE

State NONE

ZIP Code + 4 NONE

11.a. Nature of such dealing.

NONE

11.b. Approximate dollar value of such dealing. NONE

12.a. Nature of interest held or income received.

NONE

12.b. Amount. NONE

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name NONE

Trade Name, if any: NONE

P.O. Box, Bldg., Room No., if any NONE

Street NONE

City NONE

State NONE

ZIP Code + 4 NONE

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. NONE